In re Jolene Rae Russell	
Debtor(s)	According to the information required to be entered on this statement
Case Number:	(check one box as directed in Part I, III, or VI of this statement):
(If known)	☐ The presumption arises.
	■ The presumption does not arise.
	\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

		Part II. CALCULATION OF M	O	NTHLY INCO	MI	FOR § 707(b)('	7) E	XCLUSION	
	Mari	tal/filing status. Check the box that applies a	nd o	complete the balance	e o	this part of this state	emen	t as directed.	
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.								
2	 b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11. 								
	(Married, not filing jointly, without the declar "Debtor's Income") and Column B ("Spou	ıse's	Income") for Lin	es 3	-11.		_	
	_	Married, filing jointly. Complete both Colu					Spor	use's Income'')	for Lines 3-11.
		gures must reflect average monthly income re dar months prior to filing the bankruptcy case						Column A	Column B
		ling. If the amount of monthly income varied						Debtor's	Spouse's
		onth total by six, and enter the result on the a			•			Income	Income
3	Gross	s wages, salary, tips, bonuses, overtime, cor	nmi	ssions.			\$	0.00	\$
4	enter busin not er	the difference in the appropriate column(s) of ess, profession or farm, enter aggregate number a number less than zero. Do not include b as a deduction in Part V.	f Lir ers	ne 4. If you operate and provide details	on	ore than one an attachment. Do			
				Debtor		Spouse			
	a.	Gross receipts	\$	5,832.88		•			
	b.	Ordinary and necessary business expenses	\$	2,541.48					
	c.	Business income	Su	btract Line b from	Lin	e a	\$	3,291.40	\$
~	the ap	s and other real property income. Subtract propriate column(s) of Line 5. Do not enter of the operating expenses entered on Line by	a nu	mber less than zero a deduction in Par). I	o not include any	i		
5		Ic.	Ф	Debtor	ф	Spouse			
	a. b.	Gross receipts	\$	0.00	_				
	c.	Ordinary and necessary operating expenses Rent and other real property income	-	btract Line b from	•	. a	\$	0.00	\$
6	1	est, dividends, and royalties.	Ба	Struct Ellie & Holli			\$	0.00	
7		on and retirement income.					\$	357.00	
	Anv a	amounts paid by another person or entity,	on a	regular basis, for	the	household			
8	exper purpo spous	ases of the debtor or the debtor's dependent ose. Do not include alimony or separate main e if Column B is completed. Each regular pa ayment is listed in Column A, do not report the	ts, in tena yme	ncluding child sup nce payments or an ent should be report	por nou ed	t paid for that nts paid by your	\$	0.00	\$
9	Howe benef	ployment compensation. Enter the amount in ever, if you contend that unemployment compute under the Social Security Act, do not list the but instead state the amount in the space below.	ensa e ar	ation received by yo	ou c	r your spouse was a			
		mployment compensation claimed to benefit under the Social Security Act Debto	r \$	0.00 Spo	ous	e \$	\$	0.00	\$
10	Debtor Spouse								
	a.		\$		\$				
	b.		\$		\$				
	Total	and enter on Line 10					\$	0.00	\$
11	Subto	otal of Current Monthly Income for § 707(Inn B is completed, add Lines 3 through 10 in)(7). Add Lines 3 thru	10	in Column A, and, if	\$	3,648.40	\$

12	Total Current Monthly Income for § 707(b)(7). If Column B has been Column A to Line 11, Column B, and enter the total. If Column B has the amount from Line 11, Column A.		\$		3,648.40		
	Part III. APPLICATION OF § 70	7(b)(7) EXCLUSIO	N				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the a enter the result.	mount from Line 12 by the	number 12 and	\$	43,780.80		
14	Applicable median family income. Enter the median family income for (This information is available by family size at www.usdoj.gov/ust/ or fi	1.1					
	a. Enter debtor's state of residence: WA b. Enter de	otor's household size:	1	\$	53,302.00		
	Application of Section 707(b)(7). Check the applicable box and proceed	d as directed.					
15	■ The amount on Line 13 is less than or equal to the amount on Line top of page 1 of this statement, and complete Part VIII; do not comp		• •	does no	t arise" at the		
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16	16 Enter the amount from Line 12.					\$
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. a.				\$		
18	Current monthly income for § 70	7(b)(2). Subtract Lin	ne 17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. C.	ALCULATION	OF D	EDUCTIONS FROM	INCOME	
	Subpart A: De	ductions under Sta	andard	s of the Internal Revenu	e Service (IRS)	
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$		
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older a1. Allowance per person b1. Number of persons b2. Number of persons c1. Subtotal				\$		
20A	Local Standards: housing and uti Utilities Standards; non-mortgage of available at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom you	expenses for the appli from the clerk of the allowed as exemptio	expensions cable co	es. Enter the amount of the bunty and family size. (This btcy court). The applicable fa	information is amily size consists of	\$

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.					
	a. IRS Housing and Utilities Standards; mortgage/rental expense	\$				
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$				
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
	Local Standards: transportation; vehicle operation/public transportation	rtation expense.				
	You are entitled to an expense allowance in this category regardless of					
	vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8.	es or for which the operating expenses are				
22A	\square 0 \square 1 \square 2 or more.					
	If you checked 0, enter on Line 22A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 22A the '					
	Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more.					
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Line the result in Line 23. Do not enter an amount less than zero.	ourt); enter in Line b the total of the Average				
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle b. 1 as stated in Line 42	¢				
	b. 1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.					
	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of					
24	Monthly Payments for any debts secured by Vehicle 2, as stated in Lir the result in Line 24. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
	Other Necessary Expenses: taxes. Enter the total average monthly ex					
25	state and local taxes, other than real estate and sales taxes, such as inco	ome taxes, self employment taxes, social				
	security taxes, and Medicare taxes. Do not include real estate or sales taxes.					

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$			
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.				
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$			
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$			
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$			
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$			
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in				
34	the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.				
	a. Health Insurance \$				
	b. Disability Insurance \$	Φ.			
	c. Health Savings Account \$	\$			
	Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$				
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.				
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local				
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	s			

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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39	Additional food and clothing expense. Enter expenses exceed the combined allowances for Standards, not to exceed 5% of those combinor from the clerk of the bankruptcy court.) Y reasonable and necessary.	\$				
40	Continued charitable contributions. Enter financial instruments to a charitable organization			e form of cash or	\$	
41	Total Additional Expense Deductions unde	r § 707(b). Enter the total of Li	ines 34 through 40		\$	
	Subpa	rt C: Deductions for Deb	ot Payment			
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					
	Name of Creditor Prope	erty Securing the Debt		Does payment include taxes or insurance?		
	a.			□yes □no	\$	
44 45	a. Super Ino Total: Add Lines Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount a. Super Indicate Ind					
46	Total Deductions for Debt Payment. Enter	the total of Lines 42 through 45.			\$	
Subpart D: Total Deductions from Income						
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.				\$	
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION					
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))					
49	Enter the amount from Line 47 (Total of al	l deductions allowed under § 7	707(b)(2))		\$	
50	Monthly disposable income under § 707(b)	(2). Subtract Line 49 from Line	48 and enter the resu	lt.	\$	
51	60-month disposable income under § 707(b result.	(2). Multiply the amount in Lin	ne 50 by the number (50 and enter the	\$	

	Initial presumption determination. Check the applicable box and proceed as directed.							
52	statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remained							
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (L	ines 53 through 55).						
53	Enter the amount of your total non-priority unsecured debt	\$						
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$						
	Secondary presumption determination. Check the applicable box and proceed as directed.							
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise of this statement, and complete the verification in Part VIII.	e" at the top of page 1						
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	on arises" at the top						
	Part VII. ADDITIONAL EXPENSE CLAIMS							
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.							
	Expense Description Monthly Amour	nt						
	a. \$	_						
	b. \$ \$ c. \$	-						
	d. \$							
	Total: Add Lines a, b, c, and d \$							
Part VIII. VERIFICATION								
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a join	t case, both debtors						
57	must sign.) Date: August 28, 2012 Signature: /s/ Jolene Rae Russell Jolene Rae Russell							
	(Debtor)							

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **02/01/2012** to **07/31/2012**.

Line 4 - Income from operation of a business, profession, or farm

Source of Income: A Touch of Health Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	02/2012	\$3,205.69	\$3,085.25	\$120.44
5 Months Ago:	03/2012	\$5,093.09	\$3,112.32	\$1,980.77
4 Months Ago:	04/2012	\$7,505.29	\$1,643.95	\$5,861.34
3 Months Ago:	05/2012	\$5,670.91	\$3,302.31	\$2,368.60
2 Months Ago:	06/2012	\$4,708.44	\$1,750.99	\$2,957.45
Last Month:	07/2012	\$8,813.88	\$2,354.07	\$6,459.81
_	Average per month:	\$5,832.88	\$2,541.48	
			Average Monthly NET Income:	\$3,291.40

Line 7 - Pension and retirement income

Source of Income: Spouse benefits

Income by Month:

6 Months Ago:	02/2012	\$357.00
5 Months Ago:	03/2012	\$357.00
4 Months Ago:	04/2012	\$357.00
3 Months Ago:	05/2012	\$357.00
2 Months Ago:	06/2012	\$357.00
Last Month:	07/2012	\$357.00
	Average per month:	\$357.00